

Glossary

ACCESS – *An array of treatments, services and supports is available, consumers know how and where to obtain them and there are no systemic barriers or obstacles to acquiring services when they are needed.*

ACCREDITATION – *Certification by an external entity that an organization has met a set of prescribed standards.*

ACUITY – *A measure of the intensity of care needs on hospital inpatient units for purposes of planning staff allocations.*

ACUTE ABSTINENCE SYNDROME - *The aggregate of withdrawal signs and symptoms that occur shortly after a person who is physically dependent on a drug stops taking it. The adjective "acute" distinguishes this variant from the "protracted" or "chronic" drug withdrawal or abstinence syndrome.*

AVERAGE DAILY CENSUS (ADC) – *Measurement of utilization of state hospitals.*

ADULT CARE HOME – *An assisted living residence in which the housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents, either directly or, for scheduled needs, through formal written agreement with licensed home care or hospice agencies. Some licensed adult care homes provide supervision to persons with cognitive impairments whose decisions, if made independently, may jeopardize the safety or well being of themselves or others and therefore require supervision. Designated, trained staff home may administer medication in an adult care. Adult care homes that provide care to two to six unrelated residents are commonly called family care homes.*

ADVANCE DIRECTIVE - *A legal means (document) by which a person can specify his/her choice about how he/she will be treated in the event that his/her illness renders him/her incapable of exercising choice.*

ADVOCACY – *Activities in support of, or on behalf of, individuals with mental illness, developmental disabilities or substance abuse problems including rights protection, legal and other services assistance, and system or policy changes.*

AFTERCARE- *Supervision or treatment given individuals for a limited time after they are released from a treatment program.*

AGEISM – *Myths and misperceptions about older people.*

ALCOHOL OR DRUG TREATMENT (AOD) – *Substance abuse treatment.*

AMBULATORY DETOXIFICATION SERVICE - *A medically managed or monitored and structured detoxification service, delivered on an outpatient basis, provided by a physician or other service personnel acting under the supervision of a physician.*

AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) - *An international organization of physicians dedicated to improving the treatment of persons with substance use disorders by educating physicians and medical students, promoting research and prevention, and informing the medical community and the public about issues*

*related to substance use. In 1991, ASAM published a set of **patient placement criteria** that have been widely used and analyzed in the alcohol, tobacco and other drug (ATOD) field.*

APPEALS PANEL - *The state MH/DD/SAS Appeals Panel established under NC. G.S. 371.*

AREA DIRECTOR – *The executive who is responsible for mental health, developmental disability, and substance abuse services in a County/ Area Program. This person has at least a master's degree in a behavioral health services discipline and is responsible for developing a system of care in his/ her **local** area that brings all possible public and private services into a network that meets the needs of service consumers in that region and conforms with the requirements of the DMH/DD/SAS.*

AREA PROGRAM – *A program that is certified by the Secretary to manage, oversee and sometimes directly provide mental health, developmental disabilities and substance abuse services in a specified geographic area. See also, **COUNTY PROGRAM**.*

ASSERTIVE COMMUNITY TREATMENT (ACT) – *Intensive outpatient treatment intended to provide increased contact, early intervention and quick response to individuals who are at risk for frequent decompensation and hospitalization or arrest.*

ASSESSMENT – *A comprehensive examination and evaluation of a person's needs for psychiatric, developmental disability or substance abuse treatment, services and/ or supports in conformity with requirements of the DMH/DD/SAS administration and/ or the rules of certifying or accrediting bodies approved by the DMH/DD/SAS.*

AUTONOMY – *An ethical principle which states that policy-makers, advocates, planners, administrators, providers and family members of adult service consumers have a duty to respect the right of the legally competent individual to make decisions about the course of their lives.*

BASIC SERVICES – *Mental Health, developmental disability or substance abuse services that are available to North Carolina residents who need them whether or not they meet criteria for target or priority populations. See also, **CORE SERVICES**.*

BED DAY ALLOCATION – *A system wherein County/ Area Programs buy state psychiatric hospital beds or mental retardation center admissions in excess of levels set by the DMH/DD/SAS administration. Bed day allocations will take into account past usage and private beds available in each geographic area.*

BENCHMARK - *an established standard of achievement used as a point of reference to assess performance*

BENEFIT DESIGN – *The aggregate of the services offered in a system, the degree to which service consumers will be expected to share the costs of such benefits, and how consumers can access the services that are available.*

BENEFIT PACKAGE OR PLAN – *An array of treatments, services and/ or supports intended to meet the needs of target or priority populations. Also, a selection of treatments, services and/ or supports included in a care or service plan for an individual.*

BEST PRACTICE(S) – *Interventions, services or actions that have been demonstrated to generate the best outcomes or results.*

BIOPSYCHOSOCIAL – *Medical (biological), psychological, and social or environmental influences on a person's behavior and/or condition.*

BLOCK GRANT – *Monies received from the federal government (or others), in a lump sum, to fund services specified in an application plan that meets the intent of the block grant purpose. See also, CATEGORICAL FUNDING.*

BRIEF INTENSIVE THERAPY – *A limited series of visits with a therapist, to deal with issues amenable to such treatment, by persons with serious mental illness, or for persons experiencing overwhelming stressors that threaten to render the person dangerous to self or others.*

BUY-IN OPTIONS – *A federal medicaid reform recently enacted by Congress that allows states to modify medicaid eligibility rules which permits disabled persons returning to work to secure extended medicaid coverage, but also requires such persons to contribute toward such coverage, according to rules established by the state.*

CAPITATION – *A method of paying for services based on a flat rate regardless of the number of people using that service. A fee paid per- member- per- month is an example.*

CAP/MR-DD WAIVER – *Waiver of Medicaid regulations that allows care provision on a one-to-one staff-to-consumer ratio.*

CASE MANAGEMENT – *The activities guided by a patient's treatment plan which bring services, agencies, resources and people together within a planned framework of action toward the achievement of established treatment goals for the patient.*

CATCHMENT AREA - *The geographic part of the state served by a specific area authority or county program.*

CATEGORICAL FUNDING – *Monies that are provided for specific purposes or for services to specific beneficiaries.*

CENTER FOR MEDICAID AND MEDICARE SERVICES (CMS) - *The federal agency responsible for overseeing the Medicaid and Medicare programs. Formerly, the Health Care Financing Administration, (HCFA).*

THE CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP) - *provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, to prevent underage alcohol and tobacco use, and to reduce the negative consequences of using substances. CSAP is one of three Centers in the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services (HHS).*

THE CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT) - *of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (DHHS), was created in October 1992 with a congressional mandate to expand the availability of effective treatment and recovery services for alcohol and drug problems. CSAT's initiatives and programs are based on research findings and the general consensus of experts in the addiction field that, for most individuals, treatment and recovery work best in a community-based, coordinated system of comprehensive services. Because no single treatment approach is effective for all persons, CSAT supports the nation's effort to provide multiple treatment modalities, evaluate treatment effectiveness, and use evaluation results to enhance treatment and recovery approaches.*

CERTIFICATION – *A statement of approval granted by a certifying agency attesting that the program/ service/ agency has met the standards set by the certifying agency. CMS is an example of a certifying agency. See also ACCREDITATION.*

CHILD AND ADOLESCENT FUNCTIONAL ASSESSMENT SCALE (CAFAS) – *Measurement system to determine the level of functioning of a child or adolescent.*

CHILD AND ADOLESCENT LEVEL OF CARE UTILIZATION SYSTEM (CA LOCUS) – *System used to determine the appropriate level or intensity of services/ supports for children and adolescents.*

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) – *A program established by the Balanced Budget Act, designed to provide health assistance to uninsured, low-income children either through separate programs or through expanded state Medicaid programs.*

CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES, (CHAMPUS) – *A program of medical benefits available to inactive military personnel, military spouses, dependents and beneficiaries through the Military Health Services System of the Department of Defense.*

CIVIL RIGHTS OF INSTITUTIONALIZED PERSONS ACT (CRIPA) - *Federal law intended to assure that persons involuntarily detained in state psychiatric hospitals or mental retardation centers are treated safely, humanely and with adequate due process as required under the U.S. Constitution. CRIPA investigations are undertaken and litigated by the Department of Justice, Civil Rights Division.*

CLAIM – *An itemized statement of services rendered by a provider network member or facility, which is submitted for payment.*

CLAIMS MANAGEMENT – *The process of receiving, reviewing, adjudicating, paying, and otherwise processing service claims submitted by network and facility providers.*

CLIENT - *An individual who is admitted to or receiving public services from an area facility. "Client" includes the client's personal representative or designee.*

CLIENT-FOCUSED - *Treatment that addresses the client's clinical needs, plus the client's perceived needs, goals, and agenda.*

CLINICAL BEST PRACTICE – *Consumer-focused, evidenced-based interventions and/ or clinical services that demonstrate the best outcomes for consumers.*

CLINICAL PATHWAYS – *Step-wise guides for proceeding with treatment based on assessment at each step in the course of treatment.*

CLINICAL PRACTICE GUIDELINES – *Utilization and quality management mechanisms designed to aid providers in making decisions about the most appropriate course of treatment for a specific clinical case.*

CLINICAL STATUS – *A type of outcome measure that relates to improvement, control or suppression of the active symptoms of serious and persistent mental illness.*

CLINICAL SUPERVISION - *The intermittent face-to-face contact provided on or off the site of a service between a clinical supervisor and treatment staff to ensure that each person being served has an individualized treatment plan and is receiving quality care. Clinical supervision includes auditing of patient files, review and discussion of active cases and direct observation of treatment. It also means exercising supervisory responsibility over substance abuse counselors in regard to at least the following: counselor development, counselor skill assessment and performance evaluation, staff management and administration, and professional responsibility, problem identification and resolution, referral for screening, specialized education, alternative activities development, social policy development, environmental change, training and development of risk reduction skills.*

CLIENT OUTCOMES INVENTORY (COI) – *measurement system for assessing treatment outcomes of mental health and substance abuse service consumers.*

COMPETENCE – *The capacity to function effectively. Also a legal term (i.e. competency to stand trial or competency to make decisions in one's own best interest). An individual must be adjudicated incompetent or found dangerous to self or others before the person's civil rights may be restricted.*

CONFLICT OF INTEREST – *A situation where self interest could negatively impact the best interests of the person being served or the system.*

CONSENT DECREE – *A contract between a state and the court, usually federal, which contains a plan for improving conditions in state institutions. See also SETTLEMENT AGREEMENT.*

CONSULTATION – *Information shared between or among peers or professionals to increase the ability to manage challenging circumstances. Psychiatric consultation to a cardiologist who is treating a depressed patient is an example. A social worker might consult with another on the best residential placement for an individual with SPMI.*

CONSUMER – *An individual who has been or is receiving publicly-funded mental health, developmental disability or substance abuse services or supports.*

CONSUMER OUTCOMES - *results for consumers of system services. Examples include:*
Adult consumers are competitively employed
SED children attend school regularly

CONTINUOUS QUALITY IMPROVEMENT (CQI) - *Programs and activities designed to constantly improve the safety and effectiveness of services.*

CONTINUUM OF CARE - *A structure of interlinked treatment modalities and services that is designed so that individuals' changing needs will be met as they move through the addiction treatment and recovery process.*

CONTRACTOR - *A person or entity who has a contract or who had a contract during the current fiscal year.*

CO-OCCURRING DISORDERS – *The simultaneous presence of two or more disorders (e.g. substance abuse and mental illness; developmental disability and mental illness; substance abuse and physical health conditions). See also, DUAL DIAGNOSIS.*

COPAYMENT – *That portion of the cost of services that is to be paid out-of-pocket by the service consumer.*

CORE SERVICES – *Services such as screening, assessment, crisis or emergency services available to any person who needs them whether or not they are a member of a target or priority population. Also, universal services such as education, consultation and primary prevention activities intended to increase knowledge about behavioral or developmental disabilities, reduce stigma associated with mental illness and/or prevent avoidable disorders. See also, BASIC SERVICES.*

COST PER PATIENT DAY – *An accounting method that determines the actual cost of providing care to individual patients/ consumers.*

COUNTY PROGRAM – *A single county or multi-county program that manages, oversees and sometimes directly provides mental health, developmental disabilities and substance abuse services in a specified geographic area. See also, AREA PROGRAM*

CREDENTIALING – *The process by which providers are approved for membership in a network to provide services to consumers. This term can also refer to a peer competency-based credential similar to a license for a body of professionals.*

CRISIS INTERVENTION - *Services that respond to a substance abuser's needs during acute episodes that may involve physical distress.*

CROSS TOLERANCE - *A diminished response to the effects of a psychoactive chemical because of prior use of another psychoactive chemical in the same pharmacological class.*

CRISIS – *A situation that exists when stresses exceed the person's ability to deal with them in a socially acceptable manner.*

CRISIS RESPONSE – *Immediate response to assess for acute MH/DD/SA service needs, to assist with acute symptom reduction, and to ensure that the person in crisis safely transitions to appropriate crisis stabilization services. These services are available 24 hours per day, 365 days per year.*

CRISIS STABILIZATION – *Services following crisis response that are intended to assist the person in crisis to return to his/ her pre-crisis functioning.*

CULTURAL – *Integrated patterns of human behavior that include thoughts, communications, actions, customs, beliefs, values and institutions of different racial, ethnic, religious, age or social groups and demographics.*

CULTURAL COMPETENCE – *A set of congruent behaviors, attitudes, knowledge and policies that enable an individual provider to work effectively with people from disparate cultures..*

DAY/NIGHT SERVICES – *These involve services provided over 3 hours a day. (different from periodic services and 24-hour services)*

DAY TREATMENT SERVICE - *A medically monitored and structured non-residential treatment service consisting of regularly scheduled sessions of various modalities such as counseling, case management, group or individual therapy, medical services and mental health services, as indicated, by interdisciplinary providers for a scheduled number of sessions per day and week.*

DECOMPENSATION – *A fairly rapid decline in the overall adaptive functioning of a person.*

DE-INSTITUTIONALIZATION – Preventing unnecessary retention in and admission to public hospitals, through timely discharge of admitted patients and the diversion of potential candidates for admission to other treatment services and facilities. With the passage of the Community Mental Health Centers Act of 1963, de-institutionalization became national policy. The 1997 Supreme Court decision in *OLMSTEAD V. LC* has given new impetus to development of community based services for individuals who have remained in state hospitals and mental retardation centers because community services were not available.

DEPARTMENT OF HEALTH AND HUMAN SERVICES, (DHHS) – Agency that includes programs and activities of state government having to do with services to needy or disabled individuals and families in North Carolina.

DEVELOPMENTAL DISABILITY - A severe, chronic disability of a person which:

a) is attributable to a mental or physical impairment or combination of mental and physical impairments; b) is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22; c) is likely to continue indefinitely and, d) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and e) reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated; or f. when applied to children from birth through four years of age, may be evidenced as a developmental delay. GS131D-2

DIAGNOSTIC AND STATISTICAL MANUAL (DSM IV) – Special codes that consist of a brief, specific description of each diagnosis or treatment and a number used to identify each diagnosis and treatment. The *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* is an example of diagnostic codes. Other codes such as service billing codes are used for reimbursement purposes. The American Psychiatric Association publishes this manual.

DIMENSION - A term used in the ASAM patient placement criteria to refer to one of six patient problem areas that must be assessed when making placement decisions.

DIVERSION – Selecting lower cost services and/or supports when clinically appropriate. e.g. using crisis resolution services in lieu of more costly hospitalization. Also, preventing arrest or incarceration by engaging the individual in treatment. See also, **UTILIZATION REVIEW** and **PRE-AUTHORIZATION**.

DIVERSION PROGRAMS - Formalized activities designed to screen people out of the criminal justice system and into appropriate treatment services before the person are incarcerated. In North Carolina also responsive to SB859 which prohibits admission of persons with mental retardation to public psychiatric hospitals.

DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES (DMH/DD/SAS) - A division of the State of North Carolina, Department of Health and Human Services, responsible for administering and overseeing public mental health, developmental disabilities and substance abuse programs and services. The Division consists primarily of administrative and clinical personnel who directly operate the state psychiatric hospitals and mental retardation centers, perform program planning, budgetary oversight, clinical and administrative training, develop rules for service utilization and provider payments, and monitors programs and service activities.

DOMAINS - *major areas of concern to the system, related to the Division's mission, goals, and strategies, for which indicators and measures are developed. Examples include:*

Access to services

Quality of care

DUAL DIAGNOSIS – *Having more than one disorder or condition such as physical illness and mental illness, mental illness or developmental disability and substance abuse. Since the word dual implies two and it is possible for an individual to have many conditions or disorders, CO-OCCURRING DISORDERS is the more accurate term.*

EARLY PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT SERVICES (EPSDT) – *Services provided under Medicaid to children under age 21, at intervals as necessary, to determine the need for mental health, developmental disabilities or substance abuse services. System providers are required to provide needed service identified through screening.*

EDUCATION – *Activities designed to increase awareness or knowledge about any and all aspects of mental health, mental illness, developmental disability or substance abuse to individuals and/or groups. See also, PREVENTION. Also, activities or programs designed to ensure that clinicians remain currently clinically competent.*

EMERGENCY SERVICES – *Services designed to assist individuals in acute crisis that are, or are likely to become, dangerous to themselves or others. Emergency Rooms of general hospitals are one example. See also, CRISIS SERVICES.*

EMPLOYEE ASSISTANCE PROGRAM - *An intervention service provided to employees by an employer for the purpose of identifying, motivating to seek help and referring for assistance those employees whose job performance is impaired or is at risk of impairment by personal problems, such as medical, family, marital, financial, legal, emotional and substance abuse or dependency problems.*

ENGAGEMENT – *The willingness to enter into or accept treatment, services or supports in response to outreach by the behavioral health system. Also, efforts to engage people with mental illness or substance abuse problems that can develop trust over time.*

FAMILY SUPPORT – *Persons identified by the consumer as either family members or significant others who provide the necessary support for furthering quality of life, attainment of personal life goals or recovery.*

FEDERAL CONFIDENTIALITY LAW GOVERNING ALCOHOL AND DRUG ABUSE PATIENT RECORDS, 42 CFR, part 2 - *A federal statute specifically addressing the regulations regarding the release of alcohol and drug abuse patient records and patient identifying information.*

FEE SCHEDULE – *A list of reimbursable services and the rate paid for each service rendered.*

FEE FOR SERVICE – *The predominant method of payment for health care in which a payer pays a provider for each reimbursable treatment, upon submission of a valid claim, in accordance with agreed upon business rules. This payment method is distinguished from those used in some managed care plans, such as capitation or case rate.*

FINANCIAL MANAGEMENT AND ACCOUNTABILITY - *Carrying out business functions in an efficient and effective manner, cost sharing, and managing resources dedicated to the public system.*

FOLLOW-UP - *A process used by a treatment provider to periodically assess the referral process and rehabilitation progress of a patient who has completed treatment, has been discharged from treatment or has been referred for concurrent services.*

FORENSIC – *Term used to describe a person with mental illness, developmental disability or substance abuse who is involved in the criminal justice system. This includes persons found Not Guilty by Reason of Insanity (NGRI), those who are Incompetent to Stand Trial, or who are in jails or prisons or referred to the mental health system by criminal courts for evaluation and treatment.*

FORMULARY – *A list of drugs, classified by therapeutic category that are considered preferred therapy for a given condition and are to be used by providers in prescribing medications.*

FUNCTIONAL STATUS – *A service consumer's ability to perform the activities of daily living.*

GENERAL FUND – *The repository of state revenues. From the General Fund the General Assembly appropriates funds for public programs and initiatives.*

GEOGRAPHIC ACCESSIBILITY – *A measure of access to services, generally determined by drive/travel time or number and type of providers in a service area.*

GRIEVANCES – *A formal complaint by a service recipient that must be resolved in a specified manner.*

HABILITATION – *Activities, treatments, services and/or supports that assist the individual to make the most effective adaptation in activities of daily living.*

HEALTHCHOICE – *The health insurance program for children in North Carolina that provides comprehensive health insurance coverage to uninsured low-income children who are residents of the state. Financing for this endeavor is provided from a mix of federal, state, and other non-appropriated monies available for this purpose.*

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) – *A federal act that protects people who change jobs, are self-employed, or who have pre-existing conditions. The act contains provisions designed to ensure that prospective or current service consumers are not discriminated against based on health status.*

HOME AND COMMUNITY BASED SERVICES (HCBS)- *Refers to a federal waiver of Medicaid requirements permitted under the Social Security Act which permits payment for services not ordinarily covered by the Medicaid state plan or to be delivered in a different amount, duration, and scope than services offered by the Medicaid state plan. Federal Regulations under the waiver may target specific groups of individuals, i.e. persons with developmental disabilities, traumatic brain injury, or chronic mental illness, or target specific geographic areas of a state. It also permits the state to set different financial eligibility limits so that additional persons may become eligible for Medicaid through the waiver.*

HOURS PER PATIENT DAY (HPPD) – *Term used to express hours of nursing staff per patient per day on inpatient care units. HPPD may change from day to day, based on acuity levels, numbers of patients on a ward, average number of admissions/discharges and any other factors that impact the amount of direct care staff needed to provide safe and effective care to patients in hospitals.*

HUD SECTION 8 VOUCHERS – *The section 8 voucher and rental certificate programs are the federal government major programs for assisting very low income families, the elderly and the disabled to rent decent, safe and sanitary housing in the private market.*

INPATIENT – *A person who is hospitalized.*

INTERMEDIATE CARE FACILITY (ICF) - *An institution licensed under state law to provide health related care and services to individuals who do not require the degree of care or treatment that a hospital or skilled nursing facility (SNF) provides.*

INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION OR DEVELOPMENTAL DISABILITIES (ICFMR/DD) – *a facility that provides ICF level of care to eligible persons who have mental retardation or developmental disabilities.*

INSTITUTION FOR MENTAL DISORDERS (IMD) - *Federal rules expressly prohibit Medicaid reimbursement to freestanding IMD's for inpatient services to persons between the ages of 22 and 64.*

INDICATED PREVENTION - *Interventions designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and to target them with special programs. The individuals are exhibiting substance abuse like behaviors, but at a sub-clinical level. Individual recipients are identified.*

INDICATORS - *concrete evidence of activities related to a particular area of concern. Examples:*

Percent of adult consumers employed

Percent of SED children attending school regularly

INTEGRATED PAYMENT AND REPORTING SYSTEM (IPRS) - *This initiative will eventually replace the Willie M., Thomas S., and Pioneer systems of claims processing. The IPRS system will be built on the existing Medicaid Management Information System (MMIS) currently processing Medicaid claims for the Division of Medical Assistance, (DMA). Part of the initial project includes piloting IPRS in two Area Programs. The IPRS will be used by the Division of MH/DD.SA Services to process, track, pay, and report on all claims submitted by providers for services rendered to its constituent population. Area programs would submit a single claim to the state, and the Division's Integrated Payment and Reporting System will pay that claim from the appropriate funding sources, including Medicaid, "Pioneer", Willie M., Thomas S. and capitated risk contracts. The goal of the IPRS project is to replace the existing UCR systems with one integrated system for processing and reporting all MH/DD/SAS and Medicaid claims. This will provide the Division with a significantly enhanced system that includes the following features: Receiving claims using electronic data interchange (EDI), Recipient Tracking and Eligibility, Provider Enrollment and Relations, Edits and Audits, Utilization Management, Prior Approval and Care Plans, Claims Processing, Rates and Pricing, Budget Structures and Thresholds, Remittance and Financial, Monitoring and Reporting, Data Accessibility and Connectivity. The estimated date of statewide operation is 7/02.*

INTENSITY OF NEED – *A measurement of the amount, duration, scope, frequency and cost of a benefit package for a specific individual.*

INTENSITY OF SERVICE - *The degree or extent to which a treatment or service is provided, which depends on a patient' level of need. Some treatments- for example, medically managed inpatient treatment, are inherently more*

*intensive than other treatments- for example, outpatient treatment, or a halfway house. The provision of other services, such as vocational training, can be more or less intense, depending on patient needs See also **LEVELS OF CARE**.*

INTERVENTION - *A process of interrupting an action or a behavior that is harmful to treatment progress and recovery.*

INVOLUNTARY CIVIL COMMITMENT – *A medical, social and legal process that permits states to hospitalize persons against their will if, because of a mental disability, they pose a danger to themselves or others.*

INVOLUNTARY OUTPATIENT COMMITMENT – *State law enabling courts to compel outpatient treatment for those with mental illness or substance abuse issues who need treatment but who are incapable of deciding voluntarily to seek it.*

JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) – *Agency that reviews the care provided by hospitals and determines whether accreditation is warranted.*

LENGTH OF STAY (LOS) – *The amount of time that a person remains in the hospital, expressed in days.*

LEVEL OF CARE (LOC)- *As used in the ASAM criteria, this term refers to four broad areas of treatment placement, ranging from inpatient to outpatient. Other levels of care within this range, such as therapeutic communities, have been described in other criteria*

LICENSURE – *A state or federal regulatory system to protect the public health and welfare. Licensure of Healthcare professionals and hospitals are examples.*

LINKAGE/BROKERAGE – *Assisting individuals to access needed services across agencies or from multiple providers, usually a case management activity.*

LOCAL BUSINESS PLAN – *A comprehensive plan for mental health, developmental disabilities and substance abuse services in a certain geographical area, which is responsive to the requirements of the state Mental Health, Developmental Disabilities and Substance Abuse Services Plan.*

LOCAL MANAGING ENTITY (LME) - *The local agency that plans, develops, implements and monitors services within a specified geographic area and in conformance with requirements of the DMH/DD/SAS. Includes developing a full range of services that provides inpatient and outpatient treatment, services and/or supports for both insured and uninsured individuals.*

MANAGED CARE – *A health care delivery system that attempts to keep costs down by managing the care to eliminate unnecessary treatment and reduce expensive hospital care. The most familiar models are health maintenance organizations (HMOs) and preferred provider organizations (PPO's).*

MANAGING ENTITY – *The local agency that plans, develops, implements and monitors services within a specified area. See also, **COUNTY PROGRAM** and **AREA PROGRAM**.*

MARKET SHARE – *Business term meaning the percent of total product need that is provided by a specific provider or business.*

MEASURES - Methodologies applied to derive and calculate indicators. Examples:

Adult consumer performs paid work for at least 20 hours per week

SED child attends at least 90% of regularly scheduled school days

MEDICAID – A jointly funded federal and state program that provides hospital expense and medical expense coverage to low-income individuals and certain aged and disabled people.

MEDICAID MATCH – Federal government rule requiring that the state/ local government match the federal government funds for Medicaid reimbursement services. In North Carolina, this is approximately 60% federal/ 40% state/ local match.

MEDICAID DISINCENTIVES – Eligibility rules inherent in the Medicaid and Social Security programs which function as deterrents for disabled people to return to work. A number of recent legislative reforms now permit some of these disincentives to be overcome.

MEDICAL CO-MORBIDITY - Presence of two serious illnesses at once; for example, drug addiction and acquired immunodeficiency syndrome.

MEDICAL DIRECTOR – A qualified physician responsible for establishing and overseeing medical policy throughout the system.

MEDICALLY MANAGED SERVICES - Services provided or directly managed by a physician.

MEDICALLY MONITORED SERVICES - Services provided under the direction and supervision of a physician. The physician may or may not directly administer care to the patient.

MEDICALLY MONITORED RESIDENTIAL DETOXIFICATION SERVICE - A 24-hour per day service in a residential setting providing detoxification service and monitoring, with care provided by a multidisciplinary team of service personnel including 24-hour nursing care under the supervision of a physician.

MEDICALLY NECESSARY - Criteria established to ensure that treatment is necessary and appropriate for the condition or disorder for which the treatment is provided. Review methods include retrospective, concurrent and pretreatment reviews. See **UTILIZATION REVIEW**.

MEDICARE – A federal government hospital expense and medical expense insurance plan primarily for elderly and disabled people.

MEDICARE PART A – The part of Medicare that provides basic hospital coverage automatically for most eligible persons over sixty-five or the disabled.

MEDICARE PART B – A voluntary program that is part of Medicare and provides benefits to cover the costs of physicians services.

MEDICARE SUPPLEMENT – A private medical expense insurance that supplements Medicare coverage. Also known as a Medigap policy.

MEMORANDUM OF AGREEMENT (MOA) – A written document, signed by two or more parties, containing policies and/ or procedures for managing issues that impact more than one agency or program.

MEMORANDUM OF UNDERSTANDING (MOU) – *Same as MOA*

MENTAL ILLNESS – *Collective term for all mental disorders. See also, MENTAL HEALTH, SERIOUS MENTAL ILLNESS, and SERIOUS AND PERSISTENT MENTAL ILLNESS.*

MOST IN NEED– *The most severely disabled individuals with mental illness, developmental disabilities or substance abuse. Also, the basis for establishing target or priority populations.*

NATIONAL PRACTITIONER DATA BANK (NPDB) – *A database maintained by the federal government that contains information on physicians and other medical practitioners against whom medical malpractice claims have been settled or other disciplinary actions have been taken.*

NEEDS ASSESSMENT - *A process by which an individual or system (e.g., an organization or community) examines existing resources to determine what new resources are needed or how to reallocate resources to achieve a desired goal. Use of **patient placement criteria** can reveal gaps in the **continuum of care** and can aid in needs assessment at the community and state levels.*

NETWORK – *A group of providers who have been approved by a managing entity to provide services to consumers.*

NORTH CAROLINA SUPPORT NEEDS ASSESSMENT PROFILE (NC-SNAP) – *Assessment instrument used to determine the care needed by a person with developmental disabilities.*

OLMSTEAD v. LC – *A recent U.S. Supreme Court decision that found that people with disabilities have a right to choose services in the least restrictive environment. North Carolina has an OLMSTEAD Plan in place to develop more community-based services for many people who currently reside in state institutions.*

OUTCOMES IMPROVEMENT - *A Quality Improvement process to assure that services produce expected results for consumers.*

OUTCOMES MEASURES – *The extent to which service consumers improve their levels of functioning, improve their quality of life, or attain personal life goals as a result of treatments, services and/or supports provided by the public and/or private systems.*

OUTPATIENT SERVICES – *A collection of services for persons with mental illness or substance abuse conditions which may include any of the following but is not limited to assessment, medication management, psychotherapies, family therapy, care coordination or case management, supportive employment programs, housing assistance, rehabilitation programs and activities, Assertive Community Treatment (ACT), Homeless Outreach, prevention programs, and others. Outpatient Services can be provided in a variety of settings, including the person's home, and contain a few or any number of service elements.*

PARITY – *A series of initiatives at the national and local levels to achieve a greater recognition of the efficacy of and equitable coverage for treatment of mental disorders compared to physical illnesses by private and public health insurers.*

PARTIAL HOSPITALIZATION – *Programs that provide care and treatment for individuals several hours per day but not overnight. More structured and therapeutic than the “clubhouse” model.*

PARTICIPANT-DRIVEN – *An approach to care wherein the consumer, with assistance from family members, friends, and other persons when necessary, determines the services and supports that are needed to enhance his/her quality of life.*

PATIENT IDENTIFYING INFORMATION – *The name, address, social security number, fingerprints, photograph, or similar information by which the identity of a patient can be determined with reasonable accuracy and speed, either directly or by reference to other publicly available information. See division Web site. Patient identifying information* (42 C.F.R. 2.11).*

PATIENT PLACEMENT CRITERIA (PPC) - *Standards of, or guidelines for, alcohol, tobacco and other drug (ATOD) abuse treatment that describe specific conditions under which patients should be admitted to a particular **level of care** (admission criteria), under which they should continue to remain in that **level of care** (continued stay criteria), and under which they should be discharged or transferred to another level (discharge / transfer criteria). PPC generally describe the settings, staff, and services appropriate to each **level of care** and establish guidelines based on ATOD diagnosis and other specific areas of patient assessment.*

PEER REVIEW – *The analysis of clinical care by a group of that clinician's professional colleagues. The provider's care is generally compared to applicable standards of care, and the group's analysis is used as a learning tool for the members of the group.*

PEER SUPPORT – *Services offered by mental health consumers, persons with addictions or others to provide support to one another. Peer support services can include drop-in centers, warm lines, peer respite care or support groups. Peer Support services are often a part of rehabilitation and recovery programs.*

PERFORMANCE IMPROVEMENT – *A Quality Improvement process applied to measuring and improving system performance, especially regarding key domains of interest.*

PERFORMANCE MEASURES – *Quantitative measures of the quality of care provided by a provider that consumers, payors, regulators and others can use to compare the care or provider to other care or providers.*

PERIODIC SERVICES – *These involve short-term reoccurring visits over time. (different from day/night services and 24-hour services)*

PHYSICAL DEPENDENCE - *A condition in which the brain cells have adapted as a result of repeated exposure to a drug and consequently require the drug in order to function. If the drug is suddenly made unavailable, the cells become hyperactive. The hyperactive cells produce the signs and symptoms of drug withdrawal.*

PRE-AUTHORIZATION – *The process of approving use of certain resources in advance rather than after the service has been provided. Approval for admission to hospitals is one example.*

PREVENTION – *Is a proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing healthy behaviors and lifestyles and by reducing risks contributing to alcohol, tobacco and other drug misuse and abuse.*

PREVENTION RECORD - *Documentation of prevention activities and strategies directed to targeted populations.*

PRIMARY SOURCE VERIFICATION – *A process through which an organization validates credentialing information from the organization that originally conferred or issued the credentialing element to the practitioner.*

PRIOR AUTHORIZATION – *A managed care process that approves the provision of services before they are rendered.*

PRIORITY POPULATIONS – *Groups of people with disabilities with attributes that they are considered most in need of the services available within the system and populations as identified in the federal block grant language. Same as TARGET POPULATIONS.*

PRIVILEGING – *Training and supervision activities that serve to assure an individual provider's skills and knowledge to offer designated services.*

PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT) - *A highly structured, multidisciplinary program of intensive treatment, rehabilitation and support services to individuals in their homes, on the job, and in social settings. See also, ASSERTIVE COMMUNITY TREATMENT.*

PROMPT SERVICES - *Services provided when clinically appropriate. For target or priority populations routine appointments within 14 days, initial hospital discharge visits within 3 days, urgent visits within 2 days, emergent visits immediately and no later than 24 hours qualify as prompt. See also, TIMELY SERVICES.*

PROVIDER – *A person or an agency that provides MH/DD/SA service(s) or treatment.*

PROVIDER PROFILING – *The process of compiling data on individual provider practice patterns including medication prescribing, hospital length of stay, size of caseload, and other services, and comparing those data with expected patterns based on national or local statistical norms.*

PSYCHOSOCIAL REHABILITATION – *Traditional mental health services, as well as a variety of social learning, vocational and community living programs. Programs that focus on principles of recovery often achieve very successful outcomes.*

PUBLIC MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES SYSTEM – *The network of managing entities, service providers, government agencies, institutions, advocacy organizations, commissions and boards responsible for the provision of publicly funded services to consumers.*

PUBLIC SERVICES - *Publicly funded mental health, developmental disabilities, and substance abuse services, whether provided by public private providers.*

QUALIFIED PROVIDER – *A provider who meets the provider qualifications as defined by rules adopted by the Secretary of Health and Human Services.*

QUALITY ASSURANCE (QA) - *process to assure that services are minimally adequate, client rights are protected, and organizations are fiscally sound. QA involves periodic monitoring of compliance with standards or protocols. Examples include:*

- *Establishment of minimum requirements for documentation and service provision*
- *Licensure and certification of individuals, facilities, and programs*

- *Investigation of allegations of fraud and abuse*

See also, **QUALITY MANAGEMENT**.

QUALITY IMPROVEMENT (QI) – *process to assure that services, administrative processes, and staff are constantly improving and learning new and better ways to provide services and conduct business. The goals of QI are consistent with the mission and vision of the Division. As distinct from QA, the purpose of QI, also referred to as continuous quality improvement (CQI), is to continuously improve the process and outcome (quality) of treatments, services, and supports provided to consumers. QI consists of the regular and systematic assessment of vital indicators of organizational performance (i.e., data), the identification and evaluation of trends, and when problems are identified, systematic problem-solving to develop solutions to the identified problems. Special teams may be developed to further investigate and propose solutions to identified problems. Solutions to organizational problems are implemented by quality improvement teams and are systematically evaluated for effectiveness and on-going problem-solving until a satisfactory resolution is reached. QI is proactive, seeking opportunities to continually improve processes to achieve better outcomes. Examples include:*

Forming teams to identify data to be collected, retrieve the data, analyze it, and design improvements in the system

Development and implementation of evidence-based practice guidelines

Conducting targeted studies to determine how to improve service delivery

QUALITY MANAGEMENT (QM) - *framework for assessing and improving services and supports, operations, and financial performance. Processes include:*

Quality assurance, such as external review of appropriateness of documentation

Quality improvement, such as design and implementation of actions to address access problems

Utilization review, such as the review of case records to determine appropriateness of services and documentation

Utilization management, such as the pre-authorization of inpatient services

QUALITY SERVICE – *Convenient, comprehensive services that meet individual needs and are delivered in a clinical and culturally competent manner.*

RECOVERING STAFF - *Degreed or non-degreed counselors working in the substance abuse treatment field who are in recovery.*

RECOVERY – *A personal process of overcoming the negative impact of a disability despite its continued presence. Not unlike the victim of a serious accident who undergoes extensive physical therapy to minimize the impact of damaging injuries, persons with active addictions as well as serious, disabling mental illnesses can also make substantial recovery through symptom management, psychosocial rehabilitation, other services and supports, and encouragement to take increasing responsibility for self.*

REFERRAL - *The establishment of a link between a patient and another service by providing patient authorized documentation to the other service of the patient's needs and recommendations for treatment services, and includes follow-up in a timely manner consistent with best practice guidelines.*

REGISTER – *The process of gathering initial data and entering an individual into the service system.*

RELAPSE PREVENTION - *In common usage, any strategy or activity designed to assist an alcohol or drug user who has become abstinent from returning to active alcohol or drug use. Relapse prevention also refers to specific cognitive-behavioral treatment "that combines behavioral skill-training procedures with cognitive intervention techniques*

to assist individuals in maintaining desired behavioral changes. It draws from both health psychology and social-cognitive therapy and uses a "psycho educational self-management approach to substance abuse designed to teach patients new coping responses (e.g., alternatives to addictive behavior), to modify maladaptive beliefs and expectancies concerning substance abuse, and to change personal habits and lifestyles.

RELAPSE PREVENTION PLAN – *A shared understanding between the consumer, clinicians, and significant others of behaviors, feelings and thoughts which indicate the onset of symptom destabilization and those actions and activities which will avert the continued progress of symptom destabilization. A formal written acknowledgement of this plan is an ADVANCE DIRECTIVE.*

REPORT CARDS – *A set of performance measures applied uniformly to different providers as a method of evaluating effectiveness.*

RESPIRE CARE – *A service designed to provide temporary care for a person with a disability who ordinarily lives with family or friends, or to assume temporary responsibility for care of the person in his/ her own home. This service provides back-up support and in some cases relief to persons responsible for care of ill or disabled persons who ordinarily live in their household.*

RETROSPECTIVE AUTHORIZATION – *Authorization to provide services after the services have been rendered.*

REVENUES – *Monies earned through reimbursements paid for covered services.*

SAFETY NET - *The responsibility of the public mental health, developmental disability and substance abuse services system to serve seriously ill people who, no matter how needy, would not otherwise receive services.*

SCREENING – *An abbreviated assessment or series of questions intended to determine whether the person needs referral to a provider for additional services. A screening may be done face-to-face or by telephone, by a clinician or paraprofessional who has been specially trained to conduct screenings. Screening is a core or basic service available to anyone who needs it whether or not they meet criteria for target or priority populations.*

SEAMLESS - *Treatment system without gaps or breaks in service, such that persons being served transition smoothly and with ease from one treatment component to another.*

SELECTED PREVENTION - *Interventions that target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment, for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse. Targeted subgroups may be defined by age, gender, family history, place of residence such as high drug use or low-income neighborhoods, and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the groups. Individual recipients are identified.*

SELF-DETERMINATION – *The right to and process of making decisions about one's own life.*

SEVERELY AND EMOTIONALLY DISTURBED (SED) – *A designation for those individuals under 18 years of age who have serious emotional disturbances and are at the greatest risk for needing services. The SED designation has been made using three components: diagnosis, duration of impairment, and level of functioning.*

SEVERELY MENTALLY ILL (SMI) – *Term used to denote adults with a mental illness or disorder that is described in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, that impairs or impedes functioning in one or more major areas of living and is unlikely to improve without treatment, services and/or supports. Persons with Serious Mental Illness are a target or priority population for the public mental health system for adults and older adult.*

SERIOUSLY AND PERSISTENTLY MENTALLY ILL (SPMI) – *Term used to describe persons whose mental disorder is so severe and chronic that it prevents or erodes the development of their functional capacities in primary aspects of daily life such as personal hygiene and self care, decision-making, interpersonal relationships, social transactions, learning and recreational activities. Same as **SERIOUS, DISABLING MENTAL ILLNESS AND CHRONIC MENTAL ILLNESS**.*

SERVICE – *Any of a large number of activities designed to assist individuals to make the most effective adaptation to their circumstances.*

SERVICE MANAGEMENT - *Implementation of uniform portal process. Service management includes appropriate level and intensity of services, management of state hospitals/facilities bed days, utilization management, case management, and quality management, consumer choice options, and fair competition in the market place.*

SPECIALTY SERVICES - *Services provided to consumers from low-incidence populations.*

SSA - *(Social Security Administration) The agency designated by the governor and the state government to coordinate state substance abuse services across government lines.*

STANDARDS – *Protocols generally accepted to be the best method of practice. Also, the requirements of licensing, certifying, accrediting, or funding bodies.*

STANDARD OF CARE – *A diagnostic and/or treatment process that a clinician should follow for a certain type of patient, illness or clinical circumstance.*

STATE MENTAL HEALTH AUTHORITY – *The single state agency designated by each state's governor to be the state entity responsible for the administration of publicly funded mental health programs in the state. In North Carolina that entity is the Department of Health and Human Services.*

STATE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES PLAN – *Plan for Mental Health, Developmental Disabilities and Substance Abuse Services in North Carolina. This statewide plan, when finalized and approved will form the basis and framework for behavioral health services provided across the state.*

STATE OR LOCAL CONSUMER ADVOCATE - *the individual carrying out the duties of the state Local Consumer Advocacy Program Office*

STIGMA – *Stereotypes associated with any disability that hinder and/or impede the engagement and recovery process.*

SUBSTANCE ABUSE – *DSM IV defines Substance Abuse as occurring if the patient 1) uses drugs in a dangerous, self defeating, self destructive way and 2) has difficulty controlling his use even though it is sporadic, and 3) has impaired social and/or occupational functioning all within a one year period.*

THE SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION OF THE FEDERAL GOVERNMENT (SAMHSA) - *SAMHSA is an agency of the US Department of Health and Human Service. SAMHSA is the federal umbrella agency that is comprise of the following three Centers; Center for Substance Abuse Treatment, Center for Substance Abuse Prevention, and the Center for Mental Health Services.*

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT (SAPTBG)
- *A federal block grant program to enable states to provide substance abuse services.*

SUBSTANCE DEPENDENCE - *DSM IV defines substance Dependence as requiring the presence of tolerance, withdrawal, and/or continuous, compulsive use over a 1year period.*

SUPPORT – *Any of a large number of activities or material resources intended to assist the individual to gain and maintain higher level of functioning.*

SUPPORT BROKER – *A staff person who acts as an intermediary between the individual who needs supports and the agencies or programs that actually provide the supports.*

SYNAR AMENDMENT – *Section 1926 of the Public Health Service, is administered through the Substance Abuse Prevention and Treatment (SAPT) Block Grant and requires states top conduct specific activities to reduce youth access to tobacco products. The Secretary of the US Department of Health and Human Services is required by statute to withhold SAPT Block Grant funds (40% penalty) from states that fail to comply with the Synar Amendment.*

SYSTEM OF CARE VALUES - *Child centered, family focused, community based, culturally competent.*

SYSTEM OF CARE PRINCIPLES -

Array of appropriate services address whole child/family.

Individualized, integrated service plan.

Services - clinically appropriate, delivered in least restrictive and most normative environment.

Family - full participants in planning and delivery of services.

Integration - between all systems involved in child/family's life, case management to ensure.

Early identification with positive outcome anticipation.

Smooth transition to adult service systems.

Rights protected and effective advocacy.

Receive services without regard to race, religion, national origin, sex, physical disability or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

SYSTEM PERFORMANCE - *system behaviors to assure good service provision and administrative efficiencies and accountability. Examples include:*

Timely access to services

Adequate providers in local network

TARGET POPULATIONS – *Groups of people with disabilities with attributes who are considered most in need of the services available within the system; populations as identified in the federal block grant language. See also, PRIORITY POPULATIONS.*

THOMAS S. PROGRAM – *A court-ordered program of services for persons with mental retardation and a co-occurring mental illness or substance abuse disorder, which was created in response to a class-action lawsuit. The State of North Carolina was relieved from the court-ordered program in 1999.*

TIMELY SERVICES - *Access to services in a timeframe appropriate to their needs. Appointment with a physician within 72 hours of discharge from an acute psychiatric hospital unit is an example. See also, **PROMPT SERVICES**.*

TRANSITION – *The time in which an individual is moving from one life/development stage to another. The change from childhood to adolescence, adolescence to adulthood and adulthood to older adult.*

TREATMENT - *The planned provision of services that are sensitive and responsive to a patient's age, disability, if any, gender and culture, and that are conducted under clinical supervision to assist the patient through the process of recovery.*

TRIAGE - *Process by which patients are assessed to determine the type of services and level of care they will require.*

UNBUNDLED SERVICES – *A method of accounting or reimbursing for services on the basis of individual service components as distinguished from an all-inclusive rate covering all specified services. Fee for service is an example of unbundled rates.*

UNIFORM PORTAL ACCESS - *The standardized process and procedures used to ensure consumer access to, and exit from, public services in accordance with the State Plan.*

UNIVERSAL PREVENTION - *A preventive measure directed to a general population or a general subsection of the population not yet identified on the basis of risk factors, but for whom prevention activity could reduce the likelihood of problems developing.*

UTILIZATION MANAGEMENT (UM) - *a process to regulate the provision of services in relation to the capacity of the system and needs of consumers. UM should guard against under-utilization as well as over-utilization to assure the frequency and type of services fit the needs of consumers. UM is typically an externally imposed process.*

UTILIZATION REVIEW (UR) - *an analysis of services, through systematic case review, used with the goal of reviewing the extent to which necessary care was provided and unnecessary care was avoided. UR is typically an internally imposed process.*

VOLUME OF SERVICES – *Method of representing the amount of services provided by a service provider.*

WITHDRAWAL - *A psychological and / or physical syndrome caused by the abrupt cessation or reduction in substance use that has been heavy and prolonged. The symptoms include clinically significant distress or impairment in social, occupational or other important areas of functioning and are not due to a general medical condition or accounted for by another mental disorder.*

YOUTH DEVELOPMENT CENTER – *A specialized residential service for adolescents.*